

## Application or Docket Number

10/5-2801

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

(Column 1)

(Column 2)

| RATE         | FEE |
|--------------|-----|
| BASIC FEE    |     |
| EXAM. FEE    |     |
| SEARCH FEE   |     |
| X \$ 125 =   |     |
| X \$ 25 =    |     |
| X \$ 100 =   |     |
| + \$ 180 =   |     |
| <b>TOTAL</b> |     |

OR

OR

OR

OR

OR

| RATE         | FEE |
|--------------|-----|
| BASIC FEE    | 20  |
| EXAM. FEE    | 20  |
| SEARCH FEE   | 80  |
| X \$ 250 =   |     |
| X \$ 50 =    |     |
| X \$ 200 =   | 20  |
| + \$ 360 =   |     |
| <b>TOTAL</b> |     |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY**

OR

OTHER THAN  
SMALL ENTITY

(Column 1)

(Column 2)

(Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT A |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

OR

OR

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

(Column 1)

(Column 2)

(Column 3)

|             |   |   |       |   |                  |
|-------------|---|---|-------|---|------------------|
| AMENDMENT B |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

**OR**

OR

**OR**

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.